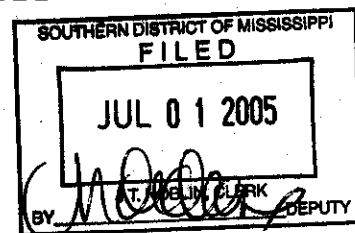


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

**COMPLAINT**JAMES T FARROW263122

*(Enter above the full name of the plaintiff or plaintiffs and prisoner number of each plaintiff in this action)*



V.

CIVIL ACTION NUMBER: 1:05CV326LG-JMR  
(to be completed by the Court)GEORGE H. PAYNE, JR., ET AL

*(Enter above the full name of the defendant or defendants in this action)*

**OTHER LAWSUITS FILED BY PLAINTIFF****NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ) No ( ☒ )
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: N/A
  - Court (if federal court, name the district; if state court, name the county): N/A
  - Docket Number: N/A
  - Name of judge to whom case was assigned: N/A
  - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): N/A

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: JAMES T. FARROW Prisoner Number: 263122

Address: HARRISON COUNTY ADULT DETENTION CENTER  
CELL BLOCK C-B  
10451 LARKIN SMITH DRIVE GULFPORT, MS 39505

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: GEORGE H PAYNE JR is employed

as

SHERIFF at HARRISON COUNTY  
ADULT DETENTION CENTER 10451 LARKIN SMITH DRIVE  
GULFPORT, MS 39505

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below: SEE ATTACHED

PLAINTIFF(S):

SHEET 2-A

NAME:

ADDRESS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DEFENDANT(S):

NAME:

ADDRESS:

DIANE G. RILEY  
 \_\_\_\_\_  
 \_\_\_\_\_

HARRISON COUNTY ADULT  
DETENTION CENTER 10451 LARKIN  
SMITH DRIVE GULFPORT, MS 39505

WAYNE PAYNE  
 \_\_\_\_\_  
 \_\_\_\_\_

HARRISON COUNTY ADULT  
DETENTION CENTER 10451 LARKIN  
SMITH DRIVE GULFPORT, MS 39505

# PARTIES

## DEFENDANT(S):

NAME:

DIANE G. RILEY:

ADDRESS:

HARRISON COUNTY ADULT  
DETENTION CENTER  
10451 LARKIN SMITH DRIVE  
GULFPORT, MS 39503

WAYNE PAYNE:

HARRISON COUNTY ADULT  
DETENTION CENTER  
10451 LARKIN SMITH DRIVE  
GULFPORT, MS 39503

PHIL TAYLOR:

HARRISON COUNTY ADULT  
DETENTION CENTER  
10451 LARKIN SMITH DRIVE  
GULFPORT, MS 39503

## UNKNOWN DEFENDANTS:

HARRISON COUNTY ADULT  
DETENTION CENTER  
10451 LARKIN SMITH DRIVE  
GULFPORT, MS 39503

**ATTACHMENT TO FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

- A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes \_\_\_\_\_ No ☒

- B. If your answer to A. is yes, describe the conviction in the spaces below.

1. Name and location of court which entered the judgment of conviction

\_\_\_\_\_  
\_\_\_\_\_

2. Date of judgment of conviction and the sentence received

\_\_\_\_\_  
\_\_\_\_\_

3. Date of the sentence

\_\_\_\_\_  
\_\_\_\_\_

- C. Are you presently incarcerated for a parole or probation violation?

Yes \_\_\_\_\_ No ☒

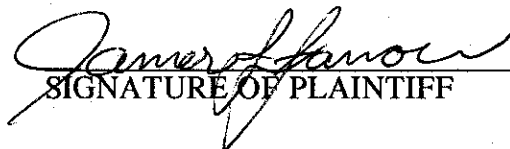
- D. If your answer to C. is yes, describe the parole or probation in the spaces below.

1. Date of your parole or probation

\_\_\_\_\_

2. Date of your arrest for parole or probation violation

\_\_\_\_\_

  
SIGNATURE OF PLAINTIFF

### ADMINISTRATIVE REMEDIES PROGRAM

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes ( ) No ( ☒ )

B. Are you presently incarcerated for a parole or probation violation?

Yes ( ) No ( ☒ )

C. Did you present the facts relating to your complaint in the administrative or grievance procedure in your institution?

Yes ( ☒ ) No ( )

1. If you answer to C is yes,

a. State the date your claims were presented: 7/16/04

b. State how your claims were presented. (Written request, verbal request, request for forms)

WRITTEN

c. State the result of that procedure. (You must attach a copy of the final result, such as a certificate from the administrator of the Administrative Remedies Program stating that you have exhausted your administrative remedies.)

GRIEVANCE FORMS ARE NOT RETURNED  
TO INMATES

2. If you have not filed a grievance, state the reasons: N/A

### STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.) SEE ATTACHED SHEETS (5A)(5B)(5C).

1) I HAD MY HANDS ON THE WALL.

2) THE OFFICER SAID TO EVERY ONE, THIS IS THE WAY IT IS GOING TO BE ALL THE TIME AT THE JAIL.

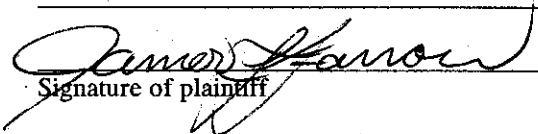
3) HE PUT ME IN A FULNELSON.

### RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

PLANTIFF REQUEST PUNITIVE DAMAGES  
OUTSTANDING MEDICAL BILLS, PAID BY  
DEFENDANT. \$2,500,000<sup>00</sup> PAIN & SUFFERING  
\$2,500,000<sup>00</sup> PUNITIVE DAMAGES.  
RESTRAIN FROM ANY FURTHER ABUSE.

Signed this 25 day of JUNE, 20 05.

  
Signature of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

6/25/05  
(Date)

  
Signature of plaintiff

## STATEMENT OF CLAIM

- 1) I HAD MY HANDS ON THE WALL.
- 2) THE OFFICER SAID TO EVERY ONE, THIS IS THE WAY IT IS GOING TO BE ALL THE TIME AT THE JAIL.
- 3) HE PUT ME IN A FULNELSON.
- 4) HE THROUGH ME UP AGAINST A IRON BED, WITH NO MATTRESS LAYING ON THE FLOOR.
- 5) FOUR OR MORE OFFICERS BEAT ME WITH THEIR FIST, WITH MY HANDS TIED BEHIND MY BACK.
- 6) ONE OFFICER PUT HIS GLOVES ON AND SPRAYED PEPPER SPRAY ALL OVER ONE.
- 7) THEY PULLED MY PANTS DOWN.
- 8) HE GRABED MY BALLS AND DICK WITH THE SPRAYED GLOVE.
- 9) THEY PLAYED WITH THEM THREE DIFFERENT TIMES IN THE DAY ROOM.
- 10) I WET MY SELF.

## STATEMENT OF CLAIM

- 11) BEATINGS WITH FIST HAPPENED THREE CONTINUES TIMES, IN THE DAY ROOM.
- 12) I WAS NOCKEDOUT TWO OR THREE TIME, IN THE DAY ROOM.
- 13) THEY PUT MY PANTS ON.
- 14) THEY DRAGED ME DOWN THE HALL BEATING ON ME.
- 15) THEY TOOK ME TO THE CLINIC DOOR.
- 16) THEY BEAT MY HEAD UP AGAINST THE IRON CLINIC DOOR, TO OPEN IT.
- 17) THEY SAID THAT THERE IS NO JESUS IN HERE.
- 18) DRAGED ME IN THE DETENTION BLOCK.
- 18) BEATED ME AGAIN IN THE CLINIC.
- 20) THEY THROUGH ME IN THE CELL.

## STATEMENT OF CLAIM

- 21) BEATED ME AGAIN, JUST BEFORE THE NURSE CAME IN THE DETENTION BLOCK.
- 22) HAD ON HANDCUFFS IN EACH ROOM.
- 23) HAD TO GO TO HOSPITAL AND EYE DOCTOR.